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PÓWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

| The undersigned applicant(s) (Names should be indicated as they appear in the request): |
|---|
| THE CATHETER EXCHANGE, INC. 16633 Ventura Boulevard, Suite 735 Encino, California 91436 United States of America |
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| |
| <u> </u> |
| hereby appoints (appoint) the following person as: |
| Name and address (Fumily name followed by given name; for a legal entity, full official designation. The address must include postal code and name country.) |
| David A. Farah, M.D. |
| SHELDON & MAK PC 225 South Lake Avenue, Suite 900 Pasadena, California 91101 United States of America |
| and all practitioners associated with Customer No. 23676 |
| to represent the undersigned before all the competent International Authorities |
| the International Searching-Authority only |
| · · |
| the International Preliminary Examining Authority only |
| in connection with the international application identified below: |
| Title of the invention: METHOD AND DEVICE FOR REMOVING AN OCCLUSION |
| Applicant's or agent's file reference: 15731-1PCT |
| International application number (if siready available): |
| Clad with the following Office 11-14-4 Clates Balant and Trademont of |
| filed with the following Office United States Patent and Trademark Office and to make or receive payments on behalf of the undersigned. |
| Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power): |
| Keitelleaum |
| George R Texelbaum, M.D. Chief Executive Officer The Catheter Exchange, Inc. |
| Date: 12/23/05 |

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|--|-------------------------------------|---------------------------------|--------------------------------------|--|----------------------------|
| The undersigned applicant(s) (Names should be indica | ted as they app | ear in the reques | t): | | |
| HARVEY L. DEUTSCH 350 Comstock Avenue Los Angeles, California 90024 United States of America | | | | | |
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| hereby appoints (appoint) the following person as: | X age | nt | common | representative | |
| Name and address (Family name followed by given name; for a legal entitional country.) | y, full official d | lesignation. The | address must it | nclude postal code | and name o |
| David A. Farah, M.D. SHELDON & MAK PC 225 South Lake Avenue, Suite 900 Pasadena, California 91101 United States of America | | | | | |
| and all practitioners associated with Customer No. | 23676 | • | | | |
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| | | | rching Authorit | | |
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| filed with the following Office United States Paten and to make or receive payments on behalf of the undersi | t and Tradem | ark Office | | as receivir | g Office |
| Signature of the applicant(s) (where there are several of the person signing and the capacity in which the perpower): | applicants, eac rson signs, if s | t of them must such capacity is | ign; next to each not obvious fro | signature, indicate in reading the requ | e the name test or this |
| Thank | : | | | | |
| Harvey L. Deutsch, M.D. Inventor | | | | | |
| Date: 12/23/05 | | | | | |
| orm PCT/Model of power of attorney (for a given internation | onal application | 1) (July 1992) | | | |
| | | · (mark (335) | | | Form PCTM1 |